DO/EO BIBLIOGRAPHIC DATA ENTRY

00RECEIPT DATE: 02 / 07 / 09 / *48*5325 SERIAL NUMBER: 08 / 98 IA NUMBER: PCT/ IA FILING DATE: 06 /DE98 / 02260 DELAY WAIVED (Y/N): Υ FAMILY NAME: HAHN Υ DEMAND RECEIVED (Y/N): GIVEN NAME: JUERGEN PRIORITY DATE: 08 / 11 / 97 PRIORITY CLAIMED (Y/N): Υ US DESIGNATED ONLY (Y/N): NO BASIC FEE (Y/N): N COUNTRY: ATTORNEY DOCKET NUMBER: 10191/1295 TELEPHONE 0000000000 CORRESPONDENCE NAME/ADDRESS: CUSTOMER NUMBER: 000000 FAX

NAME: KENYON & KENYON

STREET: ONE BROADWAY

CITY: NEW YORK

STATE/COUNTRY: NY ZIP: 10004

EMAIL:

APPLICATION TITLES:

ELLIPSOMETER MEASUREMENT APPARATUS

TAB TO LAST POSITION. PUSH SEND